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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number 10/773,177
		Filing Date February 9, 2004
		First Named Inventor Gabi Elgroszy
		Title Fluorinechemical Device and Method for Scale Deficiency
		Art Unit 1733
		Examiner Name Arun S. Phadga
		Attorney Docket Number 1543/6

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number.

OR

The address associated with Customer Number:

OR

Firm or Individual Name	Gabi Elgroszy			
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Country	Israel			
Telephone	011-972-3-6351920	Email	gaby@elgroszy.com	

I am the:

 Applicant/Inventor.**OR** Assignee of record of the entire interest. See 37 CFR 3.71,
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on **SIGNATURE of Applicant or Assignee of Record**

Signature	<input type="text"/>	Date	September 19, 2008
Name	Gabi Elgroszy	Telephone	<input type="text"/> see above
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of forms are submitted.

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